ST.	- Andard Certificate of	DEATH A	rizona State	Board of Healt	File No.	정 _V
1,	. PLACE OF DEATH		BOKEAU OF	ARIZONA	Registered No.	5/
	Arilar			State		or
: 1	County			or Village	St	Ward
	Township		No.	or institution, give as NaM.	istead of street and number	t)
	City	(If death	occurred in a nospital	ds. How long in U.S.	if of foreign birth? yrs.	mosds.
į ,	ength of residence in city or	town where dead	r occurred yrs.	ur institution, give s NAM. ds. How long in U.S. How long in State w	when death occurred lawrs	ds.
3 1	. FULL NAME	for .	I Carb.		on-resident give city or town	
3, 1	(a) Residence: No.	unni	ace of abode)	(If n	on-resident give city of town	
gradord	PERSONAL AND				CERTIFICATE OF DEATH	136 1939
1	- cot on			21. DATE OF DEATH (m	CERTIFY, That I stende	
l i	3. SEX	OWED,	OF DIMORCED, Corre	22. HEREBY	30 (1/20)	76 p3
nay.	Mace Who		The state of the s	- Jana 10.	3	death is said
e l	5a. If married, widowed, or HUSBAND of	r disorced	e /	l last saw h loon alive o	124 / 124	.
	(or) WIFE of	arry o		to have occurred on the d	ate stated source, and	Em.
넕	6. DATE OF BIRTH (mon	Months	Days 11 2500		th and related causes of	Date of Onse
that	7. AGE Years	Monta	1 day,	ars.		
So	60		orina.			
ms, s	S. Trade, profession, kind of work done		niner	_ torrow	any Muscu	Joo Ca
E	Sawyer, bookkeepe	r, etc			<u> </u>	-192
terms int.	work was done, a	M 011 1 1-1-1				
n plain importa	saw mill, bank, e	worked at	1 11. Total time (years)	Other contributory causes	of importance:	1
plain ter important.	this occupation (n	onth and	occupation		- Joseph	9
	12. BIRTHPLACE (city	or town)	A Second			
H in very	(State or Country)		4 4 '	7)	
1-4	E 13. NAME	un or	eplica	Name of operation	Date	
EA:	E . DIDTHRIACE (S	ity or town)	mortine	What test confirmed diag	nosis 7 original (violence)	ill in also the
DEATH ON is ve	(State or Countr	y)	and	23. If death was due to	external causes (violence)	19
OF DI	H 15. MAIDEN NAME	Paulens	quesco	Accident, suicide, or homi	cide? Date of injus	ry, 10
ca Dr	15. MAIDEN NAME	oity or town)	Un Syrigan	yarkana did injury occur	1	w and State)
Se S	State or County	7)	Det line	g whether injury of	curred in industry, in home,	Of III puone P.
should CAUSE OCCUP	17. INFORMANT	unge	indelia la			
<i>01</i> +	(Address) 18. BURIAL CREMATI	ON, OR REMOVA	IL /		mileted to get	
state int of	Place	of Cem-	Date 7/30	Nature of injury	ry in any way related to occi	apation of decea
ati st en	Licer Licer	ose No.	i me fell	24. Was discuss	a A	
E PA	(ature	20 1		The North	4-1-
information should state statement o	FUNERAL DIRECTOR	Tieco_	101000	If so, specify		N
፲ራሪ	Address	1	Me Valla	(Signed)	el Coho	123
	20. Filed	, 1954	Regi	strar (Address)	ny Additional Information	\sim
i	5M-7/6/38 Fo	3 100% Rag	Haci	or Certification of page 1		
			/		v.	
4						